



***State of Louisiana***  
DIVISION OF ADMINISTRATION

**OFFICE OF STATE UNIFORM PAYROLL**

M. J. "MIKE" FOSTER, JR.  
GOVERNOR

March 22, 2001

MARK C. DRENNEN  
COMMISSIONER OF ADMINISTRATION

OFFICE OF STATE UNIFORM PAYROLL MEMORANDUM #2001-52

TO: All UPS Agencies

FROM: Ronald S. Mitchell  
Director

SUBJECT: OSUP Procedures and Forms for ISIS HR Stop Payments

OSUP is currently developing new agency procedures and forms (OSUP/F forms) to be used in processing transactions in the new ISIS HR system. The attached procedures, "Stop Payment Requests", outline the necessary steps that the agencies must take to request a Stop Payment on an ISIS HR generated check. These new procedures and forms should not be used until after the first off-cycle and regular payroll checks are issued, the week of April 6, 2001.

To accommodate changes in business practices, forms have been revised for agencies to use in the stop payment process. Copies of the new forms are attached. Agencies should make copies or print the forms from OSUP's website (<http://www.doa.state.la.us/osup/osup.htm>).

Agencies must continue to use the UPR/F Stop Payment forms and follow procedures outlined in the Standard Accounting Procedures Manual and OSUP memos when requesting a stop payment on a check issued through the Uniform Payroll System.

Please review the attached procedures and forms and contact Laura Odom at (225) 342-5332 or Angel Vernon at (225) 342-0717 if you have any questions or comments.

RSM:ACV:kmb

Attachments

Stop Payment Request Procedures

OSUP/F4, Stop Payment Request

OSUP/F5, Certificate of Lost Payroll Check

OSUP/F6, Affidavit of Lost Payroll Check, Certificate of Indemnity

OSUP/F7, Affidavit of Forged Endorsement

## STOP PAYMENT REQUESTS

A stop payment should be requested by an agency for any employee payroll or off-cycle check issued through the ISIS HR system that has been lost, stolen or destroyed. OSUP can authorize the Bank to stop payment on a check no earlier than the 10<sup>th</sup> mailing day after the check was mailed (usually Wednesday of the following payday week for regular payroll checks). A request will not be accepted for any check that was endorsed "in blank" (e.g., signature only with no restriction such as FOR DEPOSIT ONLY or PAY ONLY TO) because the check is considered a bearer instrument and should not be replaced. An off-cycle check may be issued to duplicate the payment (no stop payment in effect on original check) providing the employee signs the Affidavit of Lost Payroll Check, Certificate of Indemnity (OSUP/F6), and the agency is cognizant of the duplication and agrees in writing to assume all liability for the original check if it should be negotiated.

**Note:** OSUP will contact the agency if a Stop Payment cannot be authorized because bank records indicate that said check has been negotiated. If the employee, when contacted, suspects forgery, the agency should request copy of canceled check from OSUP to review the signature. If the agency agrees that the check has been forged, forward the Affidavit of Forged Endorsement, OSUP/F7, to the employee to complete and have notarized. Contact OSUP for additional instructions.

Each agency is responsible for preparing and submitting these requests to OSUP for processing. It is the agency's responsibility to assure that complete and accurate information is provided to OSUP. Incomplete requests will not be processed and will be returned to the agency for completion and/or correction.

The following procedures outline how to request a Stop Payment:

1. Receives notification that a check has been lost, stolen (contact OSUP immediately upon notification of stolen check from employee) or destroyed from employee/vendor. Obtains verification that the check was not endorsed "in blank" and all information necessary to complete the Stop Payment Request, OSUP/F4.
2. Forwards Certificate of Lost Payroll Check, OSUP/F5, to employee. Include a date by which the completed certificate must be returned to the Agency Employee Administration Unit.
3. Prepares a Stop Payment Request, OSUP/F4, by completing the following:
  - a. Personnel Area No.
  - b. Agency Name
  - c. Check No.
  - d. Net Amount
  - e. Check Date
  - f. Payee Name (print Last name, First name)
  - g. Reason for Stop Payment (circle one)

- h. Mark Attachment
- i. Endorsed? (yes or no)
- j. If Endorsed, How? (circle one)
- k. Authorized Signature
- l. Date of Request
- m. Authorized Name (print)
- n. Telephone No.

- 4. Completes/receives required certificates and makes a copy.
- 5. Forwards original request, certificate and Replacement Employee Check/EFT form, OSUP/F2 to OSUP for processing by the daily deadline of 10:00 a.m.
- 6. Files copies of Stop Pay Request and Certificate in Stop Pay Request Pending file.

If, shortly after a Stop Pay Request has been forwarded to OSUP, the check in question has been found, OSUP should be contacted immediately to determine whether the requested Stop Payment is in effect. If the Stop Payment is not in effect, OSUP can declare the original check as negotiable. If a Stop Payment was placed, the agency must inform the employee and have the check forwarded to their office immediately. Write or stamp the word "VOID" over the signature on the face of the employee regular or off-cycle payroll check. The check must then be forwarded to OSUP **along with a note** indicating that a stop pay was placed on the check and the date the stop pay was requested.

A master form for each of the following stop payment forms/certificates is attached and available on OSUP's website (<http://www.doa.state.la.us/osup/osup.htm>):

- a. OSUP/F4, Stop Payment Request
- b. OSUP/F5, Certificate of Lost Payroll Check
- c. OSUP/F6, Affidavit of Lost Payroll Check, Certificate of Indemnity
- d. OSUP/F7, Affidavit of Forged Endorsement

**STOP PAYMENT REQUEST****OSUP/F4****04/01****FOR OSUP USE****Stop Payment Date:**

FOR AGENCY USE			
PERSONNEL AREA NO.		AGENCY NAME	
ACCOUNT NUMBER <b>1571658333</b>  REQUIRED SIGNED ATTACHMENT  <input type="checkbox"/> OSUP/F5	CHECK NO.	NET AMOUNT \$	CHECK DATE
	PAYEE NAME (PRINT LAST NAME, FIRST NAME)		
	REASON FOR STOP PAYMENT (CIRCLE ONE) EMP NEVER REC'D      EMP REC'D & LOST      EMP REC'D & DESTROYED OTHER _____		
ENDORSED?  NO YES	If Endorsed, HOW? (Circle one)      FOR DEPOSIT ONLY      SIGNATURE ONLY OTHER _____		
AUTHORIZED SIGNATURE		DATE	PRINT AUTHORIZED NAME TELEPHONE NO. (      )
FOR OSUP USE			
PRIOR STMT ?  NO YES	<input type="checkbox"/> Check Outstanding  <input type="checkbox"/> Statement Not Received	Bank Statement Dated	Approved By
BANK INFORMATION (ONE CONNECTION)			
CONFIRMATION STATUS <input type="checkbox"/> Outstanding  <input type="checkbox"/> Paid  Date Paid:	If Paid:  CD Image Printed _____  Photocopy Requested _____		
COMMENTS			
<input type="checkbox"/> AGED OUTSTANDING CHECK			

OSUP/F5  
04/01

**OFFICE OF STATE UNIFORM PAYROLL  
CERTIFICATE OF LOST PAYROLL CHECK**

I, \_\_\_\_\_, do hereby certify  
Employee Name

that check number \_\_\_\_\_, issued by the ISIS HR System for  
\_\_\_\_\_, in the amount of  
Agency Name

\$\_\_\_\_\_ and dated \_\_\_\_\_, (MARK APPROPRIATE REASON)

\_\_\_\_ (A) was never received by me. I further certify that I have not received any remuneration for same, and if found by me, I shall return it to my Agency/Department Employee Administration Unit immediately.

\_\_\_\_ (B) was received by me on \_\_\_\_\_ and has been  
Date

( ) Lost ( ) Destroyed

( ) Other \_\_\_\_\_

I further certify that I have not endorsed in blank (Signature Only), nor cashed, nor presented this check for payment; and, if found by me, I shall return it to my Agency/Department Employee Administration Unit immediately.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
Employee

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request processed by: \_\_\_\_\_ Date: \_\_\_\_\_

OSUP/F6  
04/01

**OFFICE OF STATE UNIFORM PAYROLL  
AFFIDAVIT OF LOST PAYROLL CHECK**

**CERTIFICATE OF INDEMNITY**

I, \_\_\_\_\_, do hereby certify that I have received my  
Employee Name  
payroll Check No. \_\_\_\_\_ dated \_\_\_\_\_ in the amount of  
\$\_\_\_\_\_. I further certify that I endorsed said check in blank  
(Signature Only) after which it was lost and that I have not received  
any remuneration for said check.

To my knowledge, the aforementioned check has not been found and/or  
cashed; and if found, I promise to return it immediately to the  
\_\_\_\_\_  
Agency Name Employee Admin Unit, \_\_\_\_\_  
Agency Address

I further agree to reimburse the \_\_\_\_\_  
Agency Name  
the full check amount of \$\_\_\_\_\_ if the aforementioned check  
is or gets cashed by me or by any other person should I be issued an  
off cycle check. I will in no way cause a loss to the said Agency/  
Department because of my negligence in endorsing and losing my check.

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

OSUP/F7  
04/01

**OFFICE OF STATE UNIFORM PAYROLL  
AFFIDAVIT OF FORGED ENDORSEMENT**

STATE OF LOUISIANA

PARISH OF \_\_\_\_\_

BEFORE ME, the undersigned authority, a Notary Public commissioned and qualified in and for the Parish of \_\_\_\_\_, State of Louisiana, personally came and appeared \_\_\_\_\_, who, after being by me first duly sworn did depose and say:

That the following check payable to \_\_\_\_\_ was not endorsed by the payee; that the payee did not authorize or instruct anyone to endorse his name to said check; did not receive any benefit therefrom; and that the endorsement thereto is a forgery, to-wit:

Check Number \_\_\_\_\_, dated \_\_\_\_\_, in the amount of \$\_\_\_\_\_, and payable to \_\_\_\_\_.

The said check above referred to, on which payee's endorsement has been forged, is attached hereto.

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Payee/Affiant

SWORN TO before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC